



Superior Court of Washington
County of King

In the ☐ Guardianship ☐ Estate ☐ Trust of:

(Name)

NO.

**NOTICE OF HEARING AND
DECLARATION OF MAILING
(NTMTDK)**

(Clerk's Action Required)

TO: THE CLERK OF THE COURT and to all other parties and persons entitled to notice:

PLEASE TAKE NOTICE that this case will be heard at the date and time stated below, and the Clerk is directed to note this matter on the court's **Probate and Guardianship Calendar**.

Nature of Relief Requested:

☐ Review and Approval of Guardian's Report and Accounting;

☐ Other Requests (Specify): _____.

The hearing will occur at 10:30 am on the _____ day of _____, 20_____.

Hearing Location for SEA Cases:

Ex Parte & Probate Dept, Room W-325
King County Courthouse,
516 Third Ave., Seattle, WA 98104

Mail or Deliver a Judge's Copy of forms and supporting documents to Room C-203.

Hearing Location for "KNT" Cases:

Ex Parte & Probate Dept, Room 1-J
Regional Justice Center,
401 Fourth Ave. N, Kent, WA 98032

Mail or Deliver a Judge's Copy of forms and supporting documents to Room 2D.

1. The originals of this Notice, the Report or Petition, and supporting documents **must be filed** with the Clerk's Office **not less than 14** days prior to the requested hearing date.
2. List the names, addresses and telephone numbers of all parties and persons entitled to notice on page 2.
3. When you file your original forms, mail a copy of this notice of hearing and all other documents to the persons listed on page 2.
4. When you file your original forms, mail or deliver a **judge s copy** of the forms and supporting documents to the court. On each form, be sure to write the hearing date in the upper right corner.
5. Ex Parte & Probate Department hearings **do not** require confirmation.

DECLARATION OF MAILING

I declare under penalty of perjury, according to the laws of Washington State, that on the date written below, I mailed a true and correct copy of this Notice and the Report or Petition with first class postage prepaid to the persons and addresses listed on page 2.

Dated: _____

Signature: _____

Signed at (city/state) _____

Print/Type name: _____

Address: _____

City, State, Zip: _____

ALL PERSONS AND AGENCIES REQUIRING NOTICE

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____